

# Application for Utility Service

972-625-2741

[utilityadmin@thecolonytx.gov](mailto:utilityadmin@thecolonytx.gov)



## Service Requested/ Deposits

☐ Application Fee/\$20

☐ Domestic Commercial  
Meters/Please Call for  
Deposit amount (business  
specific)

☐ Irrigation Meters  
\$1,000.00 deposit

## Instructions (REQUIRED)

1. Complete & Sign Application
2. Include Color Copy of Driver's License
3. Choose an Appointment Time (If Water is Off)
4. Provide Copy of Title Papers (if Buying) or Lease (if Renting)
5. Deposit

## Appointments (If Water is Off)

- |                                |                              |
|--------------------------------|------------------------------|
| <input type="checkbox"/> 9-10  | <input type="checkbox"/> 1-2 |
| <input type="checkbox"/> 10-11 | <input type="checkbox"/> 2-3 |
| <input type="checkbox"/> 11-12 | <input type="checkbox"/> 3-4 |
| <input type="checkbox"/> 12-1  |                              |

**NOTE: A MISSED APPOINTMENT WILL RESULT IN A \$20.00 FEE**

## **City of The Colony-Utility Department** **Commercial Application for Service**

Start Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Bill Address: \_\_\_\_\_  
Street Address City State Zip Code

E-Mail Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Work Cell

Drivers Lic # of contact : \_\_\_\_\_ Last four digits SS#: \_\_\_\_\_

Tax ID of Business \_\_\_\_\_

### **If renting, list owner's/ landlord's name, address & phone number:**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

In consideration of the City of The Colony Utility Department furnishing services at the above location, I agree to pay said City for such services as required by City of The Colony ordinances. I further agree to comply with all rules and regulations of the City of The Colony Utility Department including requirements of the ordinances.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\_\_\_\_\_ I want to make my personal information (address, phone number and social security number) confidential and information relating to my volume of usage and amounts billed or collected be kept confidential.*

Deposit refund of less than \$1.00 will require written request from customer.

**24 HOUR  
ADVANCE  
NOTICE IS  
REQUIRED TO  
START SERVICE**

**SAME DAY  
SERVICE \$20**

**INCOMPLETE  
APPLICATION  
WILL NOT BE  
PROCESSED!**

**( ) Signed Application  
by authorized  
representative of  
business  
( ) Color Copy of  
Driver's License  
( ) Lease/ Proof of  
Ownshi  
( ) Management  
Agreement/Business  
Affiliation documents  
if applicable  
( ) Deposit  
( ) Appointment  
(If Water is Off)**